



Challenge TB - Kyrgyz Republic

Year 2

Quarterly Monitoring Report January-March 2016

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Cover photo: Workshop on development of Operational Research Protocol for introduction of new drugs for pre-XDR and XDR TB patients and shortened regimens for MDR TB patients/Susan van den Hof, KNCV Senior consultant giving presentation on adverse events monitoring. 3 March 2016, Bishkek (Credit: Gulzat Sultanidinova)

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1. Quarterly Overview

Country	Kyrgyz Republic
Lead Partner	KNCV Tuberculosis Foundation
Other partners	N/A
Work plan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements: *(Max 5 achievements)*

- With support of Challenge TB (CTB) project the National plan on the introduction of new TB drugs and shortened regimen for MDR TB treatment was developed by a group of key NTP' specialists (Munara Gulanbaeva – National MDR coordinator, Jazgul Tungatarova – National Drug management specialist, Katja Malukova – M&E specialist, Gulmira Kalmambetova – Head of the National reference laboratory) in collaboration with partners (MoH, Department of drug supply and medical technic, SES, WHO, GF/UNDP, MSF and Defeat TB) and with technical assistance of KNCV consultants (Gunta Dravniece, Suzan van den Hof and Maria Idrissova). In March the national plan was submitted to the MoH for endorsement. As soon as it is endorsed (we expect the MoH's endorsement in April 2016) the CTB Kyrgyzstan will provide technical assistance in implementation of the plan.
- During their visit 1-4 March 2016 CTB consultants Susan van den Hof, Gunta Dravniece and Maria Idrissova met with key National specialists and international consultants from WHO, GF, MSF, Defeat TB and UNDP. They provided technical assistance for the development of the Draft Operational Research Protocol for the introduction of new TB drugs and short regimen for treatment of DR TB patients and the Standard Operating Procedures (SOPs).
- End of March 2016, with support of the CTB project the NTP submitted a request to GDF for the treatment of 37 DR TB patients with Bedaquiline (expected time of arrival of the drugs will be August-September 2016). For the start of the implementation of Bedaquiline treatment in Kyrgyzstan, NTP is requesting only a limited number of drugs to make sure that all requirements are in place and functioning well. For 2017, there are plans to include 61 TB patients for Bedaquiline treatment, with plans to scale up the program in the next years.
- CTB project in Kyrgyzstan in collaboration with the Eli Lilly project '*Strengthening Country MDR-TB Drug Management and Quantification*' (which is also being implemented by KNCV) assisted the NTP in calculating the quantity of the Second Line Drugs (SLD) using the QuanTB tool for preparing the request to GF/UNDP.
- In order to ensure compliance with the treatment and to prevent interruption of treatment, in March 2016 the CTB project signed a Memorandum of Understanding with local NGO "TB Coalition". The Coalition consists of forty former TB patients who will be involved in CTB activities. The members of the TB Coalition and CTB Kyrgyzstan (KG) are planning to collaborate on patient support for DR TB patients.
- Upon request of MSF's partners and after approval of the USAID mission, CTB KG Country Director participated in an international *Symposium on the Introduction of new TB drugs* in Tbilisi from 22-23 March 2016. Participating in this symposium was a great opportunity to share experiences on the introduction of new TB drugs and short DR TB treatment regimen in other countries. This knowledge will help to avoid similar mistakes and difficulties in the introduction of new TB drugs and short regimen in Kyrgyzstan.

Technical/administrative challenges and actions to overcome them:

As the new agreement between the Government of the Kyrgyz Republic and the United States (denunciated in August 2015) has not been signed yet, it remains challenging to implement the CTB project activities due to the VAT payment required by the Kyrgyz government. Revision and approval of documents by the NTP and MoH takes more time which may delay implementation.

Summary milestone data as of March 2016

Total # of milestones expected by Q2 (cumulative for Oct 15 - Mar 16)	Milestones <u>met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>partially met</u> by Q2 (cumulative for Oct 15 - Mar 16)		Milestones <u>not met</u> by Q2 (cumulative for Oct 15 - Mar 16)	
N	#	%	#	%	#	%
7*	1	14	2	29%	1	14%

* Three milestones N/A, deliverables planned in the next quarters

2. Year 2 activity progress

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016	Milestone met? (Met, partially, not met)	
Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	3.2.1.	<ul style="list-style-type: none"> Optimized diagnostic algorithm for early diagnosis of M/XDR-TB developed SOPs for patient selection and management developed 	OR protocol submitted to the Ethics committee	OR protocol on shortened regimens and new TB drugs approved by MoH and Ethics committee		Pre-final draft of OR protocol completed but not yet submitted to Ethics committee	Partially met	OR protocol components discussed with the key National TB specialists and partners. Pre-final version of protocol will be finalized and translated into Russian and submitted to NTP and ethic committee in April 2016.
Development of system for link between laboratory, clinicians, register and SES in pilot sites	3.2.2.			SOPs for link between laboratory, clinic and SES developed			N/A	
Development data base for patient registration and monitoring in CTB pilot sites	3.2.3.		Interim data base for pilot sites and laboratory developed			Development of interim data base for pilot sites and laboratory started and in progress now.	Partially met	Development of this data base requires more time and resources than expected. We identify savings and include it in the next MOT for additional experts and time, expected finalization, July 2016.
Development of system for clinical monitoring and active pharmacovigilance	3.2.4.		Guidelines for adverse effect management developed	<ul style="list-style-type: none"> AEs reporting forms adjusted. SOPs for PV developed 		NTP got the generic WHO guidelines on management of adverse events.	Not met	In the next quarter, CTB will help NTP to translate and adapt these to country needs with general protocol.
Coordination partners meetings	3.2.5.	Partners meeting conducted		Partners meeting conducted		Partners meeting with NTP, MSF and UNDP conducted in Oct-Dec 2015.	Met	Next partners meeting expected in April-June 2016

Trainings for clinical, laboratory, PV and SES personnel in pilot sites	3.2.6.				25 key specialists from pilot sites trained		N/A	
Patient selection, enrolment and monitoring	3.2.7.				KNCV consultants visited, TA to local partner provided, trainings conducted, TB patients selected and enrolled to treatment		N/A	



Photo: Workshop on the development of the Operational Research Protocol for the introduction of Bedaquiline for pre-XDR and XDR TB patients and shortened treatment regimens for MDR TB patients (from left to right: Nurbolot Usenbaev, head of SES department, Katja Malukova, NTP M&E specialist, Susan van den Hof, KNCV Senior Epidemiologist, Gunta Dravniece, KNCV Senior PMDT consultant, Artur Niyazov, Head of Project HOPE Branch Office in Kyrgyzstan, Elmira Abdrahmanova, specialist Defeat TB project, Katja Kotysheva, NTP MDR TB specialist) on March 3rd, 2016 (Credit: Bakyt Myrzaliev)

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
KGZ-S10-G08-T, UNDP	A2	A1	\$ 25.7 m	\$ 24.7 m	N/A
KGZ-910-G07-T, HOPE	A2	A2	\$ 5,9 m	\$ 5,6 m	N/A

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The temporary (for the coming three months) PIU/GF manager was introduced in March 2016, replacing the previous manager who left in December 2015. The introduction of the new permanent manager expected in May- June 2016.

The proposal for the NFM grant was prepared and has been submitted to GF. The six months' procurement plan (January – June 2016) was approved but the procurement plan for July 2016 – December 2017 (18 months) is still under revision (additional activities will be included from savings for SLD's).

MoH and UNDP are working with USAID founded Grant Management Solution (GMS) experts on strengthening the capacity of the MoH, to become the prime recipient for the NFM in 2016-2017. MoH capacity review expected in August – September 2016.

GF and UNDP are planning to renovate drug stores in the NTP and oblast TB centers in the next year. The renovation will be paid from savings in the drugs budget.

One of the National TB program challenges is the absence of an electronic database. A database has been developed by Project HOPE but is still being piloted. General and laboratory components of the electronic database are well functioning but the drug management component is still under construction. It is expected to be finalized by 2016 (end of project HOPE closing period).

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB provided technical support to the National TB program to prepare the request for the Bedaquiline donation program. The request was signed by the NTP manager and submitted by GF PIU/UNDP to GDF at the end of March 2016.

CTB in collaboration with the Eli Lilly Project "Strengthening Country MDR-TB Drug Management and Quantification" supported the NTP in calculating the needs for SLDs with the use of QuanTB tool, as requested by the GDF. Based upon these last calculations, the country had enough second line drugs. As a result most of the approved drug procurements planned in September 2016 have been moved forward and the next supplies will take place in February 2017 and October 2017.

4. Success Stories – Planning and Development

Planned success story title:	Preparation of introduction of the new TB drugs
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.1. Endorsed, responsive, prioritized and costed strategic plan available
Brief description of story idea:	New TB drugs such as Bedaquiline with other drugs (Linezolid and Clofazemin) are introduced for treatment of DR TB patients. There is insufficient treatment options for pre-/XDR TB patients and unfortunately most of them are dying. With the new drugs these patients will receive adequate and successful treatment.
Status update:	<p>Preparation in progress: the topic has been chosen, sub-objective and intervention area of the story are selected as well. Background information on the story is being drafted.</p> <p>The success story will be finalized after the endorsement of the Strategic plan, when drugs will be supplied and treatment has started (in August-September 2016).</p>

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	679	804	Data for Jan-Mar 2016 will available next quarter
Total 2012	958	958	
Total 2013	1590	1160	
Total 2014	1285	1219	
Total 2015	1158	1200	
Jan-Mar 2016	N/A	N/A	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	0	First patients are expected to start treatment with Bedaquiline in August-September 2016, when the GF/UNDP will supply the drugs.
Total 2015	0	0	
Jan-Mar 2016	0	0	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						CTB KG has not yet started implementation of activities in geographic areas. Now CTB is working on development plan, protocol and

							regulations on the national level for implementation in geographic areas in July- August 2016. Only national data is available. However, data for 2015 is not yet available as NTP is still in the process of collecting data for Jan – Sept 2015.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Susan v/d Hof		x			OR protocol development	Complete	1-5 March	3 days	
2	KNCV	Job van Rest		x			Data base	Pending		3 days	This activity was planned in Q2 but due to delay in developing the database by Project HOPE, it was decided to develop temporary database. The finalization of the new database is expected in July 2016.
3	KNCV	Susan v/d Hof				x	Training	Pending		7 days	Moved from Q3 to Q4 (beginning of July 2016)
4	KNCV	Maria Idrissova		x			OR protocol development	Complete	1-5 March	3 days	
5	KNCV	Gunta Dravniece		x			OR protocol development	Complete	1-5 March	3 days	
6	KNCV	Maria Idrissova				x	Training	Pending		7 days	Moved from Q3 to Q4 (beginning of July 2016)
7	KNCV	Svetlana Pak			x		Development Plan	Pending		7 days	July 2016
8	KNCV	Gunta Dravniece				x	Training	Pending		7 days	Moved from Q3 to Q4 (beginning of July 2016)
9	KNCV	HQ PM or PO			x		Supervision visit	Pending		6 days	to be planned
10	KNCV	RO FO			x		Internal audit	Pending		6 days	to be planned
11	KNCV	CD		x			CD meeting	Complete	1-5 February	6 days	
12	KNCV	CD				x	CD meeting	Pending		6 days	20-24 June 2016

13	KNCV	FO				x	Internal audit	Pending		6 days	to be planned
14	KNCV	Maria Idrissova				x	Patient enrolment	Pending		12 days	End of August 2016
15	KNCV	Gunta Dravniece				x	Patient enrolment	Pending		12 days	End of August 2016
16	KNCV	Maria Idrissova				x	Patient enrolment	Pending		5 days	End of August 2016
17	KNCV	CD	x				Conference	Complete	1 - 9 Dec 2015	7 days	UNION conference, poster and oral presentations of OR: Poster: <i>Reasons of lost to follow up among MDR TB patients</i> , and Oral session: <i>Reasons late diagnosis and treatment initiation of TB patients</i>
18	KNCV	CD		x			Symposium on the Introduction of new TB drugs - Tbilisi	Complete	22-23 March 2016	5 days	Preapproved by USAID mission will be included in MOT
Total number of visits conducted (cumulative for fiscal year)								6			
Total number of visits planned in approved work plan								18			
Percent of planned international consultant visits conducted								33 %			

7. Quarterly Indicator Reporting

2. Comprehensive, high quality diagnostics						
Sub-objective:	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		annually	0	N/A	N/A	Measured annually
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		annually	50% (one from two laboratories)	N/A	N/A	Measured annually
2.2.7. Number of GLI-approved TB microscopy network standards met		annually	N/A	N/A	N/A	Measured annually
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		Every six months	2014 – 33.3%	65% in CTB pilot sites	2015 – 52% (883/1707)	Measured annually

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		annually	Civil sector: all forms 7,221; Penitentiary sector: all forms 202	N/A	N/A	Measured annually
3.1.4. Number of MDR-TB cases detected		Quarterly and annually	1,285 MDR TB (data NTP 2014)	N/A	1,158 (2015)	Data for Jan-Mar 2016 will be available next quarter
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		annually	Civil sector 1,096/1,349 - 81.2%; penitentiary sector 22/26, 84.6% (data NTP-2014)	N/A	N/A	Measured annually
3.2.4. Number of MDR-TB cases initiating second-line treatment		Quarterly and annually	1,219 MDR TB, 43 XDR TB with standard regimens, 0 initiated short regimens (2014) and none of the XDR cases received adequate Tx regimen	5 XDR TB (new regimens) and 20 MDR TB cases for short regimens	1,200 (2015)	Data for Jan-Mar 2016 will be available next quarter MDRT TB patients will start treatment with the new TB drugs and shortened regimen in Q4 (August-September 2016)
3.2.7. Number and percent of MDR-TB		annually	General 62.7%, in civil sector 63.6%; penal	N/A	58% (2015)	Measured annually

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
cases successfully treated			sector 50.9% (NTP data for 2012)			

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	gender	annually	24 (MoH, 2014)	N/A	N/A	Measured annually

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		annually	550 children in 2014	N/A	N/A	Measured annually

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annually	N/A	N/A	N/A	Measured annually

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		annually	0	N/A	N/A	Measured annually
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	N/A	N/A	N/A	Measured annually
8.2.1. Global Fund grant rating		annually	A1 in 2014		N/A	Measured annually

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	gender	annually	363 (2013)	N/A	N/A	Measured annually

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		annually	1 in 2015	N/A	N/A	Measured annually
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	N/A	N/A	N/A	Measured annually

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	N/A	N/A	N/A	Measured annually
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	N/A	N/A	N/A	Measured annually

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained,	gender and technical area	Quarterly and annually	0	25	0	HCWs will be trained in Q3 (May-June 2016) after the endorsement of OR protocol.
11.1.5. % of USAID TB funding directed to local partners		annually	N/A	0	N/A	Measured annually